



OPERATING GUIDELINES FOR CONTRACTED CLIENT PROGRAMS AND SERVICES

February 2005

DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES

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STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH AND THEIR FAMILIES
OPERATING GUIDELINES FOR CONTRACTED CLIENT
PROGRAMS AND SERVICES

I. INTRODUCTION TO DSCYF OPERATING GUIDELINES

The operating guidelines contained in this document apply to all contracted client service providers of the Department of Services for Children, Youth and Their Families. Because of the range of providers to whom these operating guidelines apply, expectations may vary depending on the size and scope of the organization. Under these guidelines, the Department expects that corporations and 501c3 organizations will have documentation that includes written policies and job descriptions to demonstrate compliance with these guidelines.

DSCYF has a commitment to serving youth safely and effectively within the context of family and community. Family is defined broadly to encompass the many types of families, groups of related and non-related individuals, who are members of the child's immediate support network. In planning interventions, DSCYF encourages collaboration among agencies and individuals who are active with the child and family.

A. Purpose of this Document: This document outlines the set of operating guidelines to which DSCYF holds all Delaware and out-of-state client service providers accountable. This document is attached by reference to client service contracts and is part of the contractual agreement.

Each Division may include additional requirements within the body of the contract. This document specifies the expectations within the following categories:

- System of Care Principles and Practices
- Administrative, Fiscal and Treatment/Intervention Accountability
- Licensing
- Laws Applicable to the Operation of Programs and Services
- Programs Providing Education
- Client Safety
- Client Records Maintenance
- Performance Expectations

II. SYSTEM OF CARE (SOC) PRINCIPLES AND PRACTICES

DSCYF's strategic efforts are focused on implementing a service delivery system based on System of Care (SOC) principles and practices in partnership with other state agencies, service providers, community partners, and other stakeholders.

DSCYF expects contracted service providers to work in partnership with the Department to integrate SOC principles and practices in services for children and families in Delaware. Services in our System of Care are to be managed so as to be individualized, provided in the most appropriate and least restrictive setting, supportive of continuity of services and treatment, and responsive to the needs of the child and family.

DSCYF's SOC principles require services that are:

- Seamless within and across organizations
- Family driven with family members included as partners on a child's service team
- Child-centered and family-focused
- Appropriate in type and duration
- Culturally respectful
- Community based
- Strength based

Overall, DSCYF's System of Care principles emphasize:

- Organizing intra-agency and inter-agency operations to ensure that coordination occurs and one coordinated System of Care results
- Integrated case management to ensure that each child and family receives, and continues to receive, the necessary set of individualized services and care
- Providing formal and informal services to ensure a comprehensive array of services, including educational, vocational, health, recreational, home-based, mental and behavioral health, and other support services

The goal of our System of Care is to provide high-quality care for children and youth with child welfare, juvenile justice, and mental health needs in ways that lead to improvements in child outcomes, (e.g., reduced abuse and delinquency, enhanced social functioning, better school attendance and performance) and improved family functioning and outcomes.

DSCYF's approach to System of Care can be summarized by: "One Child, One Team, One Plan."

III. ADMINISTRATIVE, FISCAL AND TREATMENT/INTERVENTION ACCOUNTABILITY

A. Providers must have an administrative infrastructure to support the provision of safe, cost-effective services that achieve positive client outcomes. The articulation of a provider's administrative infrastructure for the Department may include as appropriate:

- clear lines of accountability within the organization with regard to:
 - management of staff and staff activities
 - management of the various levels and/or programs
 - accountability for the provision and documentation of services to clients
 - accountability for the oversight of financial activities
- methods for assessing the implementation of accountability for policies, procedures, and practices
- processes for implementing quality assurance and performance improvements based on the assessments of policies, procedures, and practices

B. Policies, Procedures, and Practices:

1. The provider will provide evidence of the implementation of policies, procedures, and practices, as appropriate to the size and scope of the organization, to demonstrate that:

- policies, procedures, and practices are regularly communicated to staff and are available to clients/consumers/stakeholders
- a time-frame exists for the periodic review of policies, procedures, and practices
- staff and clients/consumers/stakeholders have been provided the opportunity to periodically review and comment on existing or proposed policies, procedures, and practices

2. The Provider will have policies, procedures, or practices for:

a. Ethical Practice: Operating guidelines that address:

- care and treatment of clients
- business practices that include marketing, admission and discharge practices, and billing as applicable to the organization
- potential for conflicts of interest or appearances of impropriety

b. Client Rights and Responsibilities: Documentation must be maintained that children/youth/parents have been informed of their rights and responsibilities in a language they can understand. Policy, procedure, and/or practice requirements will include, but are not limited to the rights or responsibilities to:

- be treated with respect and with recognition of their dignity and need for privacy and confidentiality
- be provided with information about the agency, its services, and employees providing those services
- participate in decision-making as applicable, with regard to the services to be provided.
- express grievances/complaints about the organization or about the services provided
- have reasonable visitation by parents, as applicable to the program setting, unless expressly denied by court order
- have reasonable access to communication with provider staff, supervisors, and administrators and with parents, guardians, caregivers, advocates, and other appropriate individuals external to the agency
- provide complete and accurate information as necessary for the organization to provide safe and effective services
- provide for material support for their child, e.g. clothing, grooming and medical attention, as appropriate to the program setting

c. Grievance/Complaint Procedures: Operating guidelines requirements include, but are not limited to:

- procedures and practices for clients and families to register grievances/complaints and for the agency to respond in a timely fashion
- procedures and practices for how grievances/complaints will be documented
- procedures and practices to ensure a resolution to the grievance/complaint, including appeals as appropriate
- documentation that clients have access to and have received this information

d. Confidentiality of Client Information/Records and Privacy Rights of Clients: Operating guideline requirements (appropriate to the size, scope, and type of organization)--must include, but are not limited to:

- assuring staff will comply with state and federal laws and regulations regarding the handling of confidential client information as applicable to the organization
- specifying condition(s) under which information on program applicants or clients will be disclosed and the procedures or practices for releasing such information
- policy, procedures, and practices must ensure compliance with DSCYF Policy # 205, Confidentiality of Client Records. (This policy is available through the DSCYF internet site at www.state.de.us/kids/pdfs/pol_dsc205.pdf)

e. Consent for Service/Treatment: Procedures and practices that assure:

- No minor will be served without documentation of informed, dated, written consent by at least one parent or a person holding legal guardianship and witnessed by another independent party
- The consent will include specification of the service(s) to be provided
- If a youth is prescribed psychotropic medication, the Provider will obtain specific informed consent prior to the implementation of said medication regime. At minimum, such informed consent will indicate the drug and dosage, likely benefits, potential risks and side effects.

Exceptions to the parental consent requirement in Delaware:

- Pursuant to the Delaware Caregivers Medical Authorization Law, 13 Del. C. Sections 707-708, a relative who is caring for a minor child without having legal custody, may, under certain circumstances sign consent for treatment. Eligible individuals must complete and have notarized a “Caregivers Medical Authorization Affidavit.” Information about this law and a copy of the affidavit form is available through the Delaware Division of Aging and on the Web at <http://www.dsaapd.com/delaware2.htm>.
- DCMHS Crisis Services may perform an initial evaluation of imminent suicidality or homicidality in which the absence of the evaluation could result in serious harm to the client or others. Recommendation for next steps can be made but follow-up treatment by the crisis services cannot be provided without consent. Reasonable efforts to contact parent(s) or legal guardian(s) must be documented.
- If a minor is in the custody of DFS, a representative of DFS may sign consent for routine medical and mental health treatment. Routine medical treatment includes mental health and substance abuse treatment except for psychiatric hospital and psychotropic medication. Reasonable effort should be documented that the parent has been notified of the client’s participation in the service. If a parent who continues to hold parental rights objects to the treatment, DFS must obtain a court order prior to the service being rendered. In the event that DFS signs consent, separate written consent must be obtained for:
 - each level of care, where applicable, e.g., residential and day treatment, emergency services, medical and dental care, client transportation and permission to leave the premises for field trips and other activities
 - Personal arrangements (residential and day treatment) – consents regarding visits, mail, telephone calls, vacations, gifts and family contact
- Pursuant to 24 Del. C. Section 1788, outpatient mental health contractors of the Division of Child Mental Health Services (DCMHS) may provide counseling and support to any minor who is pregnant and has filed or is considering filing an application to waive parental consent for an abortion under 24 Del. C. section 1784.
- Clients age 14 and over may consent to their own nonresidential substance abuse treatment.

f. Fiscal Accountability – Operating guidelines include but are not limited to:

- standard accounting practices
- an annual audit report prepared by an independent auditor
- maintenance of documentation for all services reported to and/or billed to DSCYF

IV. LICENSING

Providers will observe all licensing requirements of the state in which they render the service.

DSCYF contracted programs operating in the State of Delaware are subject to the following regulations.

- All Delaware (in-state) contracted providers, with the exception of nonprofit organizations will possess a current valid business license.
- All programs must comply with applicable health and life safety codes.
- Hospitals and Day Hospitals: Licensed by the Delaware Division of Public Health and must be accredited by Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Residential Programs, including Group Homes and Child Placing Agencies: Must have a valid Delacare license from DSCYF Office of Child Care Licensing (OCCL)
- Day Treatment Programs: Must have a valid Delacare license from DSCYF Office of Child Care Licensing (OCCL)
- Substance Abuse Treatment Programs (Residential and Nonresidential): Must be licensed by the Delaware Division of Substance Abuse and Mental Health.
- Outpatient Counseling and Mental Health Services: Therapists in independent practice must be licensed by their respective regulatory board -- Mental health agencies are encouraged to seek accreditation from the National Council on Accreditation and/or JCAHO.
- All providers operating pharmacies will comply with the regulations promulgated by the State Board of Pharmacy, Drug Enforcement Agency (DEA) and other regulatory groups as applicable.

Providers will notify the appropriate contract manager/administrator within twenty-four hours of any change in licensure status.

Further licensing information and Delacare requirements may be obtained on the Office of Child Care Licensing website: www.state.de.us/kids/occl.htm

V. LAWS APPLICABLE TO THE OPERATION OF PROGRAMS AND SERVICES

Providers will abide by all applicable federal and state laws and regulations.

The following laws and regulations are highlighted for the purpose of emphasizing their importance for DSCYF providers and are not to be considered as an all inclusive listing.

- A. Criminal Background Checks for Contracted Services in Delaware: 31 Del. C. Section 309 requires criminal background checks on “any person employed by the Department (or its in-state Contractors) in a position which involves supervisory or disciplinary authority over a child/youth or in a position which provides the opportunity to have direct access to or contact with a child/youth without the presence of other employees or adults.” The Provider will document that all present program employees have completed the criminal background check in keeping with Delaware’s State Regulations and that all future hires will have begun the criminal background check process prior to beginning the orientation phase of their employment.
- B. Mandated Reporting of Abuse and Neglect
- Delaware Providers: The Provider will assure that its employees know they are mandated reporters as specified in 16 Del. C. Subsections 901 – 914, and are trained in the Division of Family Services (DFS) reporting procedures. When an employee knows or reasonably suspects child abuse or neglect (intra-familial or in out-of-home care setting), an oral report will be made to the toll-free Child Abuse Report Line by calling 1-800-292-9582. This number is operational 24 hours per day, 365 days per year. Within 72 hours after the oral report, a completed DFS Child Abuse/Neglect Mandatory Reporting Form will be sent to the appropriate regional office of the county of the child(ren)’s residence. At the same time, a copy will be forwarded to the DSCYF Contract Manager.
 - Out-of-State Providers: When a Provider’s employee or agent knows or reasonably suspects child abuse or neglect (intra-familial), an oral report shall be made to the Delaware Child Abuse Report Line by calling (302) 577-6550. Within 72 hours after the oral report, a completed DFS Child Abuse/Neglect Mandatory Reporting Form will be sent to the appropriate regional office of the county of the child(ren)’s residence. At the same time, a copy will be forwarded to the DSCYF Contract Manager. Out-of-state non-intrafamilial (out-of-home care setting or extra-familial) abuse or neglect needs to be reported to the Child Protective Services agency where the child is placed. The appropriate Delaware DFS regional office and the contract manager should be notified within 24 hours.
- C. Health Insurance Portability and Accountability Act of 1996 (HIPAA): Providers who are covered entities and/or business associates of DSCYF as defined under 45 C.F.R. 162 will observe requirements for confidentiality and privacy of health/behavioral health data as defined in that law.

VI. PROGRAMS PROVIDING EDUCATION

- A. Provision of Special Education: This section applies to all Providers whose contract includes a special education program. All providers will observe the special educational requirements for the state in which services are provided.

The Delaware Department of Education (DOE), in conjunction with DSCYF and/or Local Education Agency (LEA) representative(s), may conduct either the “Approval of a Private Facility” process and/or monitoring of education services and records documenting the Provider’s educational program. Such Delaware education representatives shall have access to all education service records. The Provider will forward IEPs and other educational reports to the DSCYF Education Office within timeframes stipulated within the Contract.

Providers will comply with the requirements of P.L. 105-17, the Individuals with Disabilities Education Act (IDEA) Amendments of 1997, Final Regulations, if they furnish a special educational program for DSCYF children or youth who are identified as students with disabilities. This means that:

- a student with an identified disability will have an Individualized Education Program (IEP) that meets the requirements of the IDEA
- all special education and related services will be provided in compliance with the IDEA, including the provision of instructional services by a teacher certified in special education
- the IEP will be reviewed and revised within 30 days of enrollment in the special education program for a Delaware program and within 60 days in an out-of-state program. IEPs and updates will be developed with participation of parents, a special and general education teacher, the student, and other participating workers as appropriate. The Provider will send a copy of the fully executed IEP to the parent, guardian, or surrogate parent.
- When it is known or suspected that a student is identified for special education services and in the absence of special education records at admission, the Provider will develop a temporary IEP and schedule appropriate evaluations and/or IEP meetings, to be completed within 30 calendar days following the determination that the child is eligible for special education and related services.

Prior to discharge, Providers will cooperate with identified DSCYF case managers to assure that copies of all relevant educational material produced during the course of treatment at the facility are available to forward to the receiving educational program. These may include but not necessarily be limited to:

- School status
- As applicable, updates to:
 - immunization record
 - recommendations for education/vocational programming
 - report card indicating numerical or letter grades for each subject, teacher comments and dates of enrollment
 - transcript which includes cumulative credits (grades 9 through 12)
 - current achievement/educational testing information
 - current vocational/transition planning for special education students (age 14 or over)
 - current psycho-educational evaluation, if performed by the Provider
 - related service assessments, if performed by the Provider, and service documentation
 - current IEP with documented progress
 - current special education evaluation report, including documentation of Eligibility for Special Education Services, if the evaluation was completed by the Provider
 - current 504 plan, if applicable.

- B. Provision of Education (other than special education): This section applies to all programs that offer education through home-bound-instruction agreement with a Delaware school district.

Some Delaware programs, e.g., Psychiatric hospital, day hospital and substance abuse day treatment, leverage homebound instruction funds obtained from clients' school districts to provide a teacher for the clients within the program. The purpose of homebound instruction is to keep a child who is temporarily unable to attend school current with school assignments being provided in his/her regular classroom. In this way, the program teacher is acting as a substitute for the classroom teacher. All programs providing homebound education will:

- assure that children classified as special education are taught in accordance with the current IEP and in collaboration with the special education teacher
- provide progress reports to the special education teacher as appropriate
- participate in IEP meetings as requested by the sending school
- document educational activities and assignments from the sending school, or,
- if clients are no longer in school, document efforts to encourage clients to pursue GED and/or other vocational training

- C. Continuity of Education: So that a smooth educational transition can be made to the receiving educational program, all DSCYF contracted programs that provide education will collaborate with identified DSCYF case managers to:

- obtain relevant educational materials from sending school districts upon admission to the program in order to assure that an appropriate educational plan can be developed
- provide the DSCYF case manager with all relevant educational materials produced during the time the client was in the program

VII. CLIENT SAFETY

- A. Emergency Preparedness Policy/Plan: The Provider will have an emergency preparedness plan, appropriate to the size and scope of the organization, that will outline immediate and follow-up response procedures to potential accidents, natural disasters or other human-caused emergencies. These plans will include, but not necessarily be limited to:

- immediate evacuation procedures and plans for life safety
- definition of and reporting to work expectations for essential and non-essential staff.
- parental notification procedures
- documentation of routine disaster drills as appropriate to the setting
- documentation of routine testing of emergency equipment
- documentation that staff have been oriented to and received ongoing refreshers on emergency procedures, including the use of universal precautions and first aide as applicable to the setting.
- posting of evacuation routes and other procedures applicable to the setting
- guidelines for responding to media inquiries

- B. Transportation: Providers who transport clients will assure that:

- Vehicle operators have current valid drivers' licenses commensurate with the vehicle being driven.
- Insurance coverage is in place, e.g. a minimum \$500,000 combined single limit liability insurance and \$500,000 general liability insurance for driver and passengers (will provide proof upon request)
- Vehicles have appropriate licenses and registrations required by jurisdictions within which the vehicles are operated

- Vehicles have operable safety equipment, e.g. safety belts, child safety seats, etc. and that clients use them
 - Vehicles have adequate emergency equipment including first aid kits, spill kits, a regulation size Class B chemical type fire extinguisher placed in easy reach of the driver (with an inspection tag reflecting annual inspections and the extinguisher's pressure gauge visible and readable), plans and or means to make contact with assistance in an emergency, etc.
 - Passenger windows will not be opened more than 50% when children are in transport
 - 15 passenger vans are not used to transport individuals under the age of 18. Vehicles used to transport more than 10 children must meet applicable state and federal specifications applicable to school buses.
 - Children have adequate escort and supervision to ensure their safe transport
- C. Smoking: Smoking is not permitted by any minor in any DSCYF contracted facility, program or vehicle, in any public building, or on any outing with youth. Smoking by adults in designated areas that are away from space used for therapeutic and living activities and recreation may be permitted within private facilities.
- Under no circumstances will program personnel allow the purchase directly or indirectly of tobacco products by minors.
 - Tobacco products will not be used as positive reinforcement.
 - Program staff should act as role models for clients by not smoking in their presence.
- D. Client Violence or Criminal Activity: It is the expectation that providers will have policies and/or practices that prohibit drug sales, other criminal activity, and program participant violence on the premises of the program. All newly admitted program participants will be informed of these policies and/or practices on entry into the program. These policies/practices shall address at minimum:
- action that will be taken if illegal drugs of any kind are found in the possession of any individual on the premises
 - action that will be taken if alcohol is found to be in the possession of any individual on the premises
 - the definition of what constitutes client violence and the contingencies for client violence
 - actions that will be taken in response to program participant violence
- E. Restrictive Procedures (Restraint): Under no circumstances will restraint be permitted during program activities other than those specifically authorized by an appropriate regulatory body. For non-licensed providers under no regulatory oversight, physical restraint or restrictive procedures may be used only in instances when the safety of the child, other children in the program, or staff is at risk.
- F. Medication: The Provider will have policies and/or practices in place for all medication, including over-the-counter medication, issued in the program. These policies and/or practices must cover and provide documentation related to the prescription or ordering of medication; preparation, dispensing, storage of medication; administration or assistance with self-administration of medication; monitoring the effects of medication; continuation of medication; and reporting to other professionals as appropriate or required.
- G. Medical Treatment for Clients in Residential Treatment: At the point when approval for admission has been confirmed, the Provider will document with the DSCYF case manager how emergency, psychiatric hospital, and hospital medical care will be approved and reimbursed. In all cases, the provider will use third-party payment, e.g., medical insurance or Medicaid, prior to requesting reimbursement from DSCYF.

VIII. DOCUMENTATION AND REPORTING REQUIREMENTS

Providers will submit the minimal data set required for maintenance of the Department's electronic Family and Child Tracking System (FACTS) client data system. Providers will also submit reasonably required data for client outcome studies and program evaluation concerning the providers' program and clients served under this contract.

IX. CLIENT RECORDS MAINTENANCE

- A. Client Records: Providers will keep an individual record appropriate for the level of service provided for each client that will contain at minimum:
- customary demographic information such as legal name, date of birth, address, telephone contacts including parents, case managers as applicable, start and end dates of service
 - critical client information such as allergies, medical conditions, and dietary restrictions as applicable
 - emergency contact information
 - dated and signed documentation of all services provided within service setting which may include but are not limited to: client assessments, initial and updated treatment/service plans, progress notes, milieu notes, contact notes (case management), discharge summaries, details of emergency events, and use of special procedures as required by regulatory bodies. *Undocumented services are considered not to have been rendered.*
- B. Storage, Security, and Disposal: The Provider will have policies and procedures to assure that written, electronic and other records containing confidential client information are secure and accessible only by individuals who have a right to the information. Computers containing client information will be in secure locations and information will be password protected.
- Alteration: The Provider will have procedures to control how and under what circumstances records may be altered.
 - Retention: Record retention will comply with requirements outlined in the contract.
 - Disposal: At the end of the mandated records retention period, records may be disposed in a confidential manner agreed to by the Department.
 - Program Closing: If a provider's program, which is fully-funded by the Department and exclusively serves DSCYF children, closes, the provider shall return all client records to the Department.

X. PERFORMANCE EXPECTATIONS

- A. Child Outcome Expectations: The Department expects contracted services for children and youth to support its overall goals of safety and positive outcomes for children and youth in provider services. Provider child outcome performance may be evaluated in one or more of the following ways:

1. Percent of children requiring additional service(s) at the same or greater level of intensity or restrictiveness following discharge from a contracted service (within a specified time period appropriate for the contracted service—generally a 6 or 12 month period)
2. Percent of children moving to a more intensive or deeper-end service for more than 3 to 5 days while receiving services from a contracted provider (for example, moving from a community-based to an out-of-home/residential setting).
3. Child safety incidents related to provider service failures/errors

B. Process Expectations: The Department expects providers to be responsive to expectations related to the timeliness of service activities and reporting requirements and to the manner in which services are provided. Provider service delivery process performance may be evaluated in one or more of the following ways:

1. Timeliness of expected/required activities
2. Timeliness, accuracy, and completeness of required reports
3. Child and family satisfaction rates

XI. USEFUL WEBSITES

| | |
|--|--|
| Office of Child Care Licensing (OCCL): | www.state.de.us/kids/occl.htm |
| RFP Website: | www.state.de.us/kids Click on RFP |
| DSCYF Policies | www.state.de.us/kids/pdfs/pol |
| Division of Aging/Caregiver Medical Authorization | www.dsaapd.com/delaware2.htm |